

# **INTEGRATED CHILD DEVELOPMENT SERVICES**

## **(\*\*PART OF INTEGRATED FAMILY SERVICES)**

### **Challenges for Change**

#### **Executive Summary**

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This Early Childhood challenge is part of the Integrated Family Services (see separate description) efforts. It presents an opportunity to improve early childhood services for families while increasing efficiency. It also presents the opportunity for more local flexibility in designing a comprehensive approach to the work, rather than asking a wide range of providers to each perform a more narrow set of activities through separate contracts with the Child Development Division (CDD) of the Department for Children and Families.

CDD currently administers a continuum of essential services for children and families in Vermont which range from primary prevention to early intervention and treatment for children and families with particular needs. The programs defining these services have been created as separate initiatives over 25 years and have been consolidated more recently at CDD. Currently, these services are delivered in Vermont communities by 37 different private organizations as 8 connected but still disparate programs. The result is an evolved patchwork of partners that generates multiple points of contact, mixed messages and redundant or overlapping functions. Individuals are burdened with multiple contacts at CDD and separate non-integrated budgets and reporting requirements for different programs.

This effort proposes to build on work of Division over the past few years and fully integrates all child development services administered by CDD through three related strategies:

- A. Consolidate child development services for families and children in each AHS region through a single community partner contract within each region. Community partners will deliver and coordinate the following services:
  - a. Children's Integrated Services: These services, which include Nursing and Family Support, Early Intervention, and Early Childhood and Family Mental Health, and specialized child care services are fully integrated with the Integrated Family Services "Challenges effort "described elsewhere in the AHS proposal. This prenatal -6 effort has been working toward this goal for the past several years and will be fully connected to Blueprint and integrated AHS efforts to promote developmental, mental and physical health outcomes...

- b. Parent Child Centers and Learning Together: These services include outreach and information for families, parenting education, peer support, and playgroups, home visiting, support for pregnant and parenting teens and other primary prevention services.
- c. Building Bright Futures Direct Services: These are services designed and delivered within each community to promote good parenting and healthy child development.

In communities where multiple providers currently deliver portions of this work, the integrated grant is intended to fuse effort and expertise. CDD staff will oversee the work via an integrated grants management team with integrated budgets and reporting requirements and a single point of contact at CDD for each community partner. Energy and resources will be focused on innovation, integration and the development of data driven policies and strategies that produce positive outcomes for children and families. Significant savings can be achieved while fairly allocating and managing available resources across regions in accord with demonstrated community needs.

- B. Consolidate child care referral services for families by changing from 12 local service providers to 1 statewide entity supported by modern web-based technology and communication systems with a defined connection to the Vermont 2-1-1 information and referral line. These information services are accessed primarily via telephone and internet. Centralization will improve consistency and quality in customer service while reducing costs. Local assistance for families who require direct help would be provided through the consolidated program outlined in section A above.

Restructure delivery of supports for early childhood and after school practitioners and programs to assure a systemic approach to program consultation, quality improvement, and professional development. The system to advance improved quantity and quality of child care in Vermont will be supported with a consolidated contract that balances access to available resources and consistent, well designed and widely communicated services throughout the state. Some of this work will be centralized, some may be regional, and much will be delivered locally.

## **Outcome/Indicators**

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The key outcomes and indicators for this effort are the same as the Integrated Family Services Efforts. Please see that proposal for a complete compilation.

## **Estimated Savings and Return on Investment**

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Savings – Part of the total 6.5 million Integrated Family Service Efforts

## **Changes Needed in Statute and Regulation**

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None

## **Timeline for Implementation**

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Part A. Issue RFP for 12 CDD Community Partners in July 2010 with implementation of integrated grants on October 1, 2010.

Transition of specialized child care services between October 1, 2010 and January 31, 2011, depending on current delivery system in particular regions.

Part B & C. Issue 2 separate RFPs, one for a single statewide child care referral contract and one for a consolidated delivery system of early childhood and after school practitioner and program supports in October 2010 with implementation of new systems by January 31, 2011.

## **Investments Needed**

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Part A. Minimal – an integrated data system is being designed and developed with Federal ARRA funds – implementation is anticipated in Spring 2011.

Part B. One time IT investment to create data sharing capacity between CDD Bright Futures Information System (BFIS) child care provider data and (National Association of Child Care Resource and Referral Agencies) NACCRRA-ware software to be used by statewide services provider. Provider training on NACCRAA-ware. Estimated to cost \$75,000 - \$90,000.

Part C. IT investment to upgrade BFIS centralized capacities related to practitioner qualifications and training and a centralized professional development calendar.  
Approx. \$80,000

## **Information Technology (IT) Needs**

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See Above

## **Stakeholder Involvement**

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What has been stakeholder involvement to date? What is planned?

DCF has introduced these concepts to stakeholder groups in the early childhood and after school community: Community Child Care Support Agencies; the Interagency Coordinating Council; the Parent Child Center Network, the Child Care Advisory Board and the Building Bright Futures Council.

Over the next 6 – 8 weeks, staff will continue to engage in substantive discussions with these and other stakeholder groups in every region of the state to gather input and discuss outcomes and strategies. We will seek to fully engage local and state Building Bright Futures teams. Community input will be used to develop RFPs and fine tune the details of this proposal.